software for immediate location of accident sites etc.

The upgradation of infrastructure, increase in existing fleet strength, development of software and adoption of advanced technology to enhance operational effectiveness, preparation of training material and awareness campaign through mass media are some of the new measures envisage to make the servicves more effective.

Deaths due to Cholera and Malaria

237. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) the number of death cases reported from different States due to Cholera and malaria;

(b) whether it is a fact that the cases of malaria and cholera are increasing in Orissa; and

(c) if so, the steps taken to eradicate malaria and to provide proper health care to the people of Orissa, particularly in the tribal areas so that death does not take place due to cholera?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRIMATI RENUKA CHOWDHURY): (a) As per information available, the number of deaths due to Cholera and Malaria in States/UTs is as under:

DEATHS DUE TO CHOLERA YEAR 1996 1997 (Till Sept.)		MALARIA YEAR 1996 1997	
States/UTs (including Orissa)	34 07	585	282
Orissa	2 Not Reported	211	134

(b) There is no such indication.

(c) As expert Committee, appointed by the Governemnt or India in 1995, has recommended identificaiton of "High Risk" areas which also includes criteria like deaths due to p. f. malaria, p.f. proportion and chloroquine resistance of p.f.

The following steps are taken for the effective containment of this disease.

— Tribal district of Orissa have been identifed for ehnanced inputs under World Bank Project.

— Spray strategy on the basis of "High Risk" areas identified as per Expert Committee recommendations.

— Identification of chloroquine resistant P.f. areas and change over to second line of treatment in drug resistance are as.

— Modification of Drug Policy for drug resistant P.f. areas per NMEP revised drug policy.

Information regarding steps taken by the State Government for prevention of deaths due to Cholera particularly in

Tribal areas is being collected.

Implementation of family planning programme

238. SHRI S. RAMACHANDRAN PILLAI: Will the PRIME MINISTER be pleased to state:

(a) the States which are lagging behind in implementation of Family Planning programme;

(b) the rate of success in implementing family planning in different States; State-wise; and

(c) the steps and further course of action Government are going to take in its proper implementation to achieve the goal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The Family Welfare programme being a centrally sponsored one, is voluntary and its acceptance level depends on factors